

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

January 20, 2015

Ms. Brenda Egbert, Administrator
Bradford Oasis
92 Cottage Street
Bradford, VT 05033-8897

Dear Ms. Egbert:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 22, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

JAN 20 2015

PRINTED: 01/06/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0618	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/22/2014
NAME OF PROVIDER OR SUPPLIER BRADFORD OASIS		STREET ADDRESS, CITY, STATE, ZIP CODE 92 COTTAGE STREET BRADFORD, VT 05033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on site licensure survey was conducted by the Division of Licensing and Protection on 12/22/2014. The following deficiencies were identified:	R100		
R144 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c.(1) Complete an assessment of the resident in accordance with section 5.7; This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview on 12/22/2014, the community care home failed to complete assessments for 2 of 2 residents in the home. (Resident #1 and #2). The specifics are as follows: Per medical record review on 12/22/2014 at 12:25 PM, neither Resident # 1 nor Resident # 2 have an initial assessment in their medical record. Resident # 1 was admitted on 11/12/2014 with Insulin Dependent Diabetes with neuropathy, lung disease, and other medical issues. Resident # 2 was admitted on 11/11/2014 with Dementia, thyroid disease, and other medical issues. There are no assessments in either medical record. At present there are only 2 residents living in the home which has a capacity of 11. The fact that there are no assessments completed and present in the medical record is confirmed by staff during interview at 1:30 PM.	R144	The facility will perform admission assessments by an RN. Resident admitted on 12/29 was assessed and assessment documented that day. Policies will be reviewed and updated if necessary twice yearly.	12/29/14

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

9EUQ11

If continuation sheet 1 of 9

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R145 R145 SS=F	Continued From page 1 V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview on 12/22/2014, the community care home failed to complete care plans specific to the individual residents and based on an initial assessment for 2 of 2 residents in the home. (Resident # 1 and # 2). The specifics are as follows: Per medical record review on 12/22/2014 at 12:25 PM, neither Resident # 1 nor Resident # 2 have care plans in their medical records that are based on an initial assessment. Resident # 1 was admitted on 11/12/2014 with Insulin Dependent Diabetes with neuropathy, lung disease and other medical issues. Resident # 2 was admitted on 11/11/2014 with Dementia, thyroid disease, and other medical issues. The care plans that are in the medical record are not based on an initial assessment, as no assessments of the residents were done. At present there are only 2 residents living in the home which has a capacity of 11. The fact that the care plans in place are not based on the resident assessments and present in the medical record is confirmed by staff during interview at 1:30 PM.	R145 R145	<i>New admission 12/29 has individualized care plan. Existing care plans have been updated. Individualized care plans will be developed for each new resident.</i>	1/10/15

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R160 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:</p> <p>(1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission.</p> <p>(2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home.</p> <p>(3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff.</p> <p>(4) How medications shall be obtained for residents including choices of pharmacies.</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and review of the</p>	R160	<p><i>Medication management and administration policies have been written. These policies have been reviewed at staff meetings. Policies have been placed in MAR book</i></p>	1/14/15

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R160	Continued From page 3 community care home documents, the home failed to have written policies and procedures describing the home's medication management practices. The specifics are as follows: Per observation on 12/22/2014 during the survey, there are no policies and procedures that govern the medication management process for the home. Medication administration was done by an RN (Registered Nurse) for the noon medications but the director of the home indicates that unlicensed staff do give medications after they attend a medication delegation class. What the class contains for content, how the trainings are tracked and who can give medications is not available in written form. This is confirmed during interview with staff in the afternoon. See also R164.	R160	<i>Formal medication administration program is being designed. A written test will determine if a staff member is qualified to give meds. Procedure will be observed by RN & staff further approved. Staff will receive updates as needed.</i>	<i>2/1/15</i>
R164 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on observation and review of the community care home documents, the home failed to have written policies and procedures	R164		

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R164	Continued From page 4 describing the home's medication management practices. The specifics are as follows: Per observation on 12/22/2014 during the survey, there are no policies and procedures that govern the medication management process for the home. Med pass was done by an RN for the noon medications but the director of the home indicates that unlicensed staff do give meds after they attend a med delegation class. What the class contains for content, how the trainings are tracked and who can give medications is not available in written form. This is confirmed during interview with staff in the afternoon.	R164		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive	R171	Education is ongoing per med admin & documentation. We now have new MAR sheets with individual controlled substance inventory. This education is being performed individually during shifts and at staff meetings. MAR are being reviewed for compliance & additional supervision provided when needed	2/1/15

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R171	Continued From page 5 medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview, the community care home failed to have established procedures that the medication regimen as ordered for residents is appropriate and effective for 1 of 2 residents. (Resident # 2). The specifics are as follows: Per medical record review on 12/22/2014, Resident # 2 was administered Tylenol 2 tablets on 12/04/2014 and 12/12/2014 at 8 PM as an 'as needed' medication (PRN). There is no documentation as to why this PRN was given and no results of its effects were documented in the MAR (Medication Administration Record) or in the nurses' notes. This is confirmed by staff during interview in the afternoon.	R171			
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the	R181	All staff members now have complete documentation. This practice will continue and requirement met with new employees.		2/1/15

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R181	Continued From page 6 licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on review of the care home documents, the home failed to have background checks done as required for 2 of 5 staff members reviewed. The specifics are as follows: Per review of the community care home staff records on 12/22/2014 at 2:20 PM, the home did not have VCIC (Vermont Criminal Information Checks) done for 2 of the 5 staff files reviewed. This is confirmed by staff during interview at 3:30 PM.	R181		
R188 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident	R188		

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R188	Continued From page 7 objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on medical record review on 12/22/2014, the community care home failed to have medical records for 2 of 2 residents that include residents' assessments. (Resident # 1 and # 2). The specifics are as follows: Per medical record review on 12/22/2014 at 12:25 PM, neither Resident # 1 nor Resident # 2 have an initial assessment in their medical record. Resident # 1 was admitted on 11/12/2014. Resident # 2 was admitted on 11/11/2014. There are no assessments in either medical record. The fact that there are no assessments completed and present in the medical record is confirmed by staff during interview at 1:30 PM.	R188		
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and observation, the community care home failed to have written policies and procedures that govern all services	R200	<i>Resident records are being updated. 2 residents have AD&P documents which are unable to be located by family. More complete resident records are being organized 1/1/15</i>	

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R200	Continued From page 8 provided by the home. Since no manual has been prepared there is no copy available for review. The following specifics are offered: Per interview on 12/22/2014, the staff reports that they use the state regulations as a policy and procedure manual and that nothing has been written that is specific to this particular home. The home has file folders that contain blank forms for admission, discharge but nothing related to the overall operation of the home, including medication delegation, resident assessments and formulation of care plans. This is confirmed by staff at 3:30 PM.	R200	Policies have been compiled for general services, staff duties & expectations, medication management, & kitchen policies They will be reviewed twice yearly & updated as needed.		